



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
11 STATE HOUSE STATION  
AUGUSTA, ME 04333-0011

September 10, 2003

**TO:** Interested Parties

**FROM:** Christine Zukas-Lessard, Acting Director, Bureau of Medical Services

**SUBJECT:** Final Rule: MaineCare Benefits Manual, Chapter III, Section 113, Transportation Services.

This rule will be effective for services provided on or after September 28, 2003.

The Maine State Legislature directed the Department to make changes in the MaineCare budget related to transportation services, including reductions in reimbursement rates. This adopted rule contains those rate changes that require rulemaking. Transportation providers have been notified of other rate changes made effective July 1, 2003.

Please refer to the actual text for the complete changes and appropriate rates.

Written comments on the proposed rule were accepted until August 20, 2003.

Rules and related rulemaking documents may be reviewed at and printed from the Bureau of Medical Services website at <http://www.state.me.us/bms/rulemaking/> or, for a fee, interested parties may request a paper copy of rules by contacting Kristen House at 207-287-9368. The TDD/TTY number is 1-800-423-4331.

A copy of the rule-making documents can be obtained by calling Kristen House at 207-287-9368 or TTY: (207) 287-1828 or 1-800-423-4331.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 287-3094, or 1-800-321-5557, extension option 9 or TTY: (207)287-1828 or 1-800-423-4331 or e-mail your questions to [BMS.inquiry@Maine.gov](mailto:BMS.inquiry@Maine.gov).

MAINECARE BENEFITS MANUAL  
CHAPTER III

## SECTION 113

## ALLOWANCES FOR TRANSPORTATION SERVICES

10/1/85

PROC CODE	DESCRIPTION	UNIT OF SERVICE	MAXIMUM ALLOWANCE
	<b><u>FULL SERVICE PROVIDER CODES</u></b>		
T027	PROVIDER BASE RATE (ROUND TRIP)	PER ROUND TRIP	STATE SET RATE
T042	PROVIDER BASE RATE (ONE WAY TRIP)	PER ONE-WAY TRIP	STATE SET RATE
T028	SPLIT PROVIDER BASE RATE	PER MEMBER PER DAY OF TRIP	SAME AS T042
T029	PROVIDER (AGENCY) CONTROLLED VEHICLE	PASSENGER MILE	\$0.64
T030	SHARED RIDE ON A PROVIDER (AGENCY) CONTROLLED VEHICLE	PER MILE	\$0.51
T043	FAMILY VEHICLE	PER MILE	\$0.15
T033	VOLUNTEER VEHICLE	PER MILE	STATE SET RATE
T034	COMMON CARRIER LOCAL FIXED-ROUTE BUS OR LOCAL FERRY	ACTUAL ONE-WAY FARE	BY REPORT
T035	COMMON CARRIER-OTHER THAN A LOCAL FIXED ROUTE BUS, LOCAL FERRY, OR TAXI	ACTUAL ONE-WAY FARE	BY REPORT
T036	TAXI	ACTUAL ONE WAY FARE	BY REPORT
T037	STATE (EMPLOYEE) RATE	PER MILE	STATE SET RATE
T038	ATTENDANT ON COMMON CARRIER OTHER THAN A TAXI	ACTUAL FARE	BY REPORT
T039	TOLLS AND FEES	ACTUAL FARE	BY REPORT

Effective  
9/28/03

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T040	RELATED TRAVEL EXPENSE (P.A. REQUIRED)	ACTUAL FARE	BY REPORT
	<b>SEVEN DAY CLINIC SERVICES</b>		
T041	PROVIDER BASE RATE	PER SEVEN DAYS OF TRIPS	STATE SET RATE
	<b>WHEELCHAIR VAN PROVIDERS</b>		
T014	CURBSIDE (BASE RATE)	PER TRIP	STATE SET RATE
T011	CURBSIDE	PASSENGER MILE	STATE SET RATE
T015	DOOR-THROUGH-DOOR (BASE RATE)	PER TRIP	STATE SET RATE
T012	DOOR-THROUGH-DOOR	PASSENGER MILE	STATE SET RATE
<b>TRANSPORTATION FOR DAY HABILITATION SERVICES - THE FOLLOWING CODES MUST BE USED FOR TRANSPORTING MEMBERS TO DAY HABILITATION SERVICES</b>			
T017	AGENCY CONTROLLED VEHICLE	PASSENGER MILE	BY REPORT
T018	FAMILY VEHICLE	ODOMETER MILE	BY REPORT
T019	VOLUNTEER VEHICLE	ODOMETER MILE	BY REPORT
T020	COMMON CARRIER	ACTUAL FARE	BY REPORT

Effective  
9/28/03